

## DECLARATION FOR PATENT APPLICATION SOLE OR JOINT

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention titled:

### POLYIMIDE ADHESION ENHANCEMENT TO POLYIMIDE FILM

the specification of which is attached hereto.

I HEREBY STATE THAT I HAVE REVIEWED AND UNDERSTAND THE CONTENTS OF THE ABOVE-IDENTIFIED SPECIFICATION, INCLUDING THE CLAIMS.

I ACKNOWLEDGE THE DUTY TO DISCLOSE ALL INFORMATION KNOWN TO ME TO BE MATERIAL TO PATENTABILITY IN ACCORDANCE WITH TITLE 37, CODE OF FEDERAL REGULATIONS, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

#### Prior Foreign Application(s)

Priority Claimed	
<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

I hereby claim the benefit under 35 U.S.C. 119(3) of any United States provisional application(s) listed below:

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States applications listed below and, INsofar AS THE SUBJECT MATTER OF EACH OF THE CLAIMS OF THIS APPLICATION IS NOT DISCLOSED IN THE PRIOR UNITED STATES APPLICATION IN THE MANNER PROVIDED BY THE FIRST PARAGRAPH OF TITLE 35, UNITED STATES CODE, §112, I ACKNOWLEDGE THE DUTY TO DISCLOSE MATERIAL INFORMATION AS DEFINED IN TITLE 37, CODE OF FEDERAL REGULATIONS, §1.56(a) WHICH OCCURRED BETWEEN THE FILING DATE OF THE PRIOR APPLICATION AND THE NATIONAL OR PCT INTERNATIONAL FILING DATE OF THIS APPLICATION:

(Application Serial Number)

(Filing Date)

(STATUS: Patented, Pending, Abandoned)

(Application Serial Number)

(Filing Date)

(STATUS: Patented, Pending, Abandoned)

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected herewith (List name and registration number).

(LIST SENIOR PATENT COUNSEL AND ATTORNEY HANDLING CASE WITH PATENT OFFICE REGISTRATION NUMBERS.)

Richard S. Roberts

Michael N. Mercanti

Name

Name

27,941

33,966

Registration Number

Registration Number

Registration Number

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## DECLARATION FOR PATENT APPLICATION—SOLE OR JOINT (Continued)

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF SOLE OR FIRST INVENTOR SCOTT M. ZIMMERMAN

INVENTOR'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

RESIDENCE 230 WOODS END DRIVECITIZENSHIP BASKING RIDGE, NEW JERSEY 07920POST OFFICE ADDRESS 230 WOODS END DRIVE  
BASKING RIDGE, NEW JERSEY 07920FULL NAME OF SECOND JOINT INVENTOR EDWARD C. SKORUPSKI

INVENTOR'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

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STILLWATER, NEW YORK 12170FULL NAME OF THIRD JOINT INVENTOR GORDON C. SMITH

INVENTOR'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

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ARLINGTON HTS., ILLINOIS 60005

FULL NAME OF FOURTH JOINT INVENTOR \_\_\_\_\_

INVENTOR'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

RESIDENCE \_\_\_\_\_

CITIZENSHIP \_\_\_\_\_

POST OFFICE ADDRESS \_\_\_\_\_

FULL NAME OF FIFTH JOINT INVENTOR \_\_\_\_\_

INVENTOR'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

RESIDENCE \_\_\_\_\_

CITIZENSHIP \_\_\_\_\_

POST OFFICE ADDRESS \_\_\_\_\_